DECLARATION AND POWER OF ATTORNEY FOR PATENT APPLICATION

DOCKET NO. HTIRC02-006

As a below named Inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name;

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled Self-Alignment Scheme For Enhancement Of Cpp-Gmr

the specification of which (check one)		
X is attached hereto.		
was filed on		
and was amended on		
amended by any amendment referred to	above.	
Title 37 Code of Federal Regulations.	γ1.50(u).	xamination of this application in accordance with
having a filing date before that of the a	under Title 35, United States Cod nave also identified below any fore application on which priority is cla	e §119 of any foreign application(s) for patent or eign application for patent or inventor's certificate imed:
Prior Foreign Application(s)	•	Priority Claimed:
(Number)	(Country)	(Day/Month/Year Filed)
(Number)	(Country)	(Day/Month/Year Filed)
I hereby claim the benefit under Title as the subject matter of each of the cla manner provided by the first paragraph information as defined in Title 37, Coapplication and the national or PCT in		y United States application(s) listed below and, insofar osed in the prior United States application in the §112, I acknowledge the duty to disclose material) which occurred between the filing date of the prior cation:
(Application Serial No.)		(patented, pending, abandoned)
		are true and that all statements made on information and the with the knowledge that willful false statements and Section 1001 of Title 18 of the United States Code application or any patent issued thereon.
POWER OF ATTORNEY: As a nam	ed inventor, I hereby appoint the find the Patent and Trademark Office	Following attorney(s) and/or agent(s) to prosecute this connected therewith. (list name & registration no.)
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